

SECTION 14

DURABLE MEDICAL EQUIPMENT BILLING INFORMATION & HELPFUL HINTS

Modifiers

All claims submitted to MO Medicaid for consideration of payment must be submitted with a modifier in addition to the HCPCS (Health Care Procedure Coding System) code. Services covered in the DME program may be approved for purchase, rental, or repair. Section 19 of the MO Medicaid DME Manual documents coverage for services. The following modifiers are required for billing all services through the DME program:

NU = Purchase
RR = Rental
RP = Repair

Expanded HCY (Healthy Children and Youth) services also require the EP modifier. The requirement of the EP modifier is in addition to the modifier indicating purchase, rental or repair. ***HCY services are restricted to patients under the age of 21.*** Enteral products covered for the HCY population also require either a BA or BO modifier.

Orthopedic Shoes/Modifications

Orthopedic shoes and modifications or additions to shoes are covered only in the following situations:

- The shoe(s) is an integral part of a brace. "Integral" means the shoe(s) is necessary for completing the brace. A pair of shoes may be reimbursed even if only one shoe is an integral part of a unilateral brace.
- The patient is diabetic.
- The shoe(s) and/or modification is medically necessary for a patient under the age of 21.

Shoes, inserts, additions, and/or modifications for diabetic patients must meet the following criteria:

- 1) The patient has a diagnosis of 250.00 – 250.93, 648.80 or 648.83.
- 2) The patient has one or more of the following conditions:
 - previous amputation; or
 - history of previous foot ulceration of either foot; or
 - history of pre-ulcerative calluses of either foot; or
 - peripheral neuropathy with evidence of callus formation of either foot; or
 - foot deformity of either foot; or

- poor circulation in either foot; and
- 3) The physician who is managing the patient's systemic diabetes condition has certified that indications 1 and 2 are met, that he/she is treating the patient under a comprehensive plan of care for their diabetes, and the patient needs diabetic shoes.

Services Provided in a Nursing Home

DME is included in the nursing home per diem rate and not paid for separately with the exception of the following items:

- Augmentative Communication Devices and Accessories
- Custom Wheelchairs
- Power Wheelchairs
- Orthotic and Prosthetic Devices
- Total Parenteral Nutrition
- Volume Ventilators

Calendar Month Billing

Providers are to bill services through the end of the month for all Medicaid patients. Billing for the rental of equipment must state only one month for each line item, billing multiple line items for multiple months on the same claim is acceptable. Prior authorization requests for rental items should also be requested so the provider is able to bill calendar months. Providers should not overlap requested dates to avoid duplicate requests.

Manual Pricing

DME items, services or supplies, which do not have a MO Medicaid maximum allowed amount, are manually priced according to the following guidelines:

- HCY = cost + 20%
- Ostomy = cost + 20%
- Custom wheelchairs and accessories = 85% of the MSRP (Manufacturer's Suggested Retail Price)
- Power wheelchairs and accessories = 90% of the MSRP
- Augmentative communication devices and accessories = 85% of the MSRP
- Orthotics and Prosthetics = cost + 20%